

South Dakota Board of Nursing

South Dakota Department of Health 4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115 (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nuksicElVFI

MAY 3 U 2012

Medication Administration Training Program for Unlicensed Assistive Personnel

Application for Curriculum Change for an Approved Training Program BOARD OF NURSING

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115				
Name of Institution: Sanford Hiswatha Heights				
Final Address of Easily 1848/12 146 San Carolla 14 200				
E-mail Address of Faculty. E on o. & War Tela Sun Fora Acar T. 6079				
1. Request to use the following approved curriculum(s); submit a completed Curriculum Application Form for each selected curriculum. Each program is expected to retain program records using the Enrolled Student Log form.				
2011 SD Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)				
Mosby's Texbook for Medication Assistants, Sorrentino & Remmert (2009)				
☐ Nebraska Health Care Association (2010) (NHCA)				
We Care Online				
List faculty and licensure information: For new RN faculty, attach resume/work history with evidence of minimum 2 years clinical RN experience. RN LICENSE				
RN FACULT (JINSTRUCTUR NAME(S)	State	Number	Expiration Date	Verification (Completed by SDBON)
Lenel Waite	SØ	R037281	4/20/2014	02 00
Linda Nill	SV	R021937	1/11/2013	en (8)
Pat Halverson	SD	R018715	5/27/2013	or to
RN Faculty Signature: Pat Halverson CND Date: 3/22/12				
This section to be completed by the South Dakota Board of Nursing				
Date Application Received: 05/30/2012		Date Notice Sent to Institution:		
Date Application Approved: 05/31/2012		Date Application Denied:		
Expiration Date of Approval: 04/30 / 2014		Reason:		
Board Representative: Gumate				
	Name of Institution: Lanford Hrand Name of Primary Instructor: Lenel Ward Address: 440 N. Hrandh Canton, SD 5 Phone Number: (e 05 - 764-1400 E-mail Address of Faculty: Lenel Ward Request to use the following approved curreselected curriculum. Each program is exp 2011 SD Community Mental Health Faciliti Mosby's Texbook for Medication Assistants Nebraska Health Care Association (2010) of We Care Online List faculty and licensure information: For clinical RN experience. RN FACULTY/INSTRUCTOR NAME(S) Lehel Warfe Linda Nill Paf Halverson N Faculty Signature: Pal Halver his section to be completed by the South Dalate Application Received: 05/30/2012 ate Application Approved: 05/31/2012 Application Date of Approval: 04/30/2014	Name of Institution: Lanford Heavath Name of Primary Instructor: Lenel Wate A Address: 440 N. Heavatha Ac Canton, SD 570/3 Phone Number: (005-764-1400 E-mail Address of Faculty: Lenel • Waite @ Request to use the following approved curriculum(s selected curriculum. Each program is expected to r 2011 SD Community Mental Health Facilities (only ar Mosby's Texbook for Medication Assistants, Sorrent Nebraska Health Care Association (2010) (NHCA) We Care Online List faculty and licensure information: For new RN facilitical RN experience. RN FACULTY/INSTRUCTOR NAME(S) State Lehel Waite SD N Faculty Signature: Pat Halverson his section to be completed by the South Dakota Boa ate Application Received: 05/30/2012 ate Application Approved: 05/31/2012 Application Date of Approval: 04/30/2014	Name of Institution: Sanford Hiswalha Height Name of Primary Instructor: Lenel Waite RN Address: 440 N. Heavalha Davie Canton, SD 570/3 Phone Number: (005-764-1400 Fax Number E-mail Address of Faculty: Lenel Waite Sanford Ne Request to use the following approved curriculum(s); submit a compliselected curriculum. Each program is expected to retain program recorded to re	Name of Institution: Lanford Highest Akights Name of Primary Instructor: Lenel Warte RN Address: 440 N. Highest RN Prone Number: (205-764-1400 Fax Number: 605-764 Prone Number: (205-764-1400) Prone Numbe